
DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
HOWARD COUNTY HOUSING COMMISSION

Dear Housing Applicant:

You may use the attached housing application to apply for housing assistance in Howard County in any of the following programs. You will be placed on the Waiting List for each program for which you qualify.

The Federal Section 8 Voucher Program
The Federal Public Housing Program
Senior Housing units owned and managed by the Howard County Housing Commission (minimum age = 62), including Morningside Park;
Family housing units owned and managed by the County or the Howard County Housing Commission, including the Hilltop Community.

Complete the application form front and back, sign it, and return it to:

Department of Housing and Community Development/
Howard County Housing Commission
6751 Columbia Gateway Drive, 3rd Floor
Columbia, MD 21046

You are not assigned a place on the waiting list until the application is received in this office. When your application has been received, you will be sent a receipt card. **KEEP THIS CARD IN A SAFE PLACE, as it is proof of having applied for housing assistance.** If you do not receive such a card within three weeks of having applied, contact this department to verify that your application has been received.

The duration between the time you apply for housing assistance and the time you are interviewed for eligibility for housing programs is approximately two years for the Section 8 program, but significantly less time for housing that is owned and managed by the County or the Housing Commission. Please NOTE: When you are interviewed for eligibility, this department may determine that your housing situation is less critical than other households of the same size and income, and you still may not be able to receive housing assistance from this department.

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It is very important that you notify this department of any changes in your address in writing. From time to time, this department will send letters to all waiting list applicants to update and verify information; or the staff may try to contact you directly. You should know that it is our policy to delete from the waiting list any households who do not respond to contacts from this department.

If you do not live or work in Howard County, we suggest that you also investigate affordable housing opportunities in the jurisdiction in which you reside, since housing programs administered by this department always give priority to persons who live or work in Howard County. Also, you should know that rules for the federal Section 8 Program allow you to use a Section 8 Voucher issued from any other city, state, county or anywhere in the United States, including Howard County. If you have any questions, please contact this office at (410) 313-6320.

Part I

Please check of any one or more of the following applies to your household:

_____ My household has been displaced by a fire or similar disaster. (If you check here, you must submit a report from the Fire Marshall with this application for housing.)

_____ My household is being involuntarily displaced because its current housing unit is being removed from the residential housing stock by eminent domain proceedings or by other local government action, and my landlord is not providing alternative housing. (If you check here, you must submit certification from the local government representative.)

_____ My current housing unit does not have a bathroom, or does not have indoor plumbing, or does not have an adequate and safe heating system. (If you check here, you must submit a report from the Howard County Department of Inspections, Licenses, and Permits.)

_____ My current housing unit has unsafe levels of lead paint, or of asbestos, or of a chemical agent documented to be harmful to a household member. (If you check here, you must provide certification from the Howard County Health Department that someone in your household has an Elevated Blood Level of lead or other substance.)

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Part II

Household Information:

Social Security Number: _____ Driver's License No. _____

Adult Head (last, first, middle name): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Work Phone: _____

Do you live in Howard County? _____ How long? _____

Do you work in Howard County? _____

Who is your employer? _____

How long have you worked there? _____

If you are not employed, are you enrolled in "Jobs First" at DSS? _____

Today's date: _____ **To be completed by Housing Dept.:** Time-stamp: _____

PLEASE PRINT: LIST ALL PERSONS WHOM YOU WANT TO INCLUDE IN YOUR HOUSEHOLD

Legal Name (first, middle, last)	Relationship to head of household	Date of Birth	Social Security Number	Age
	SELF			

For STATISTICAL PURPOSES only:

Race: ___ White ___ Black ___ Native American ___ Asian/Pacific Islander

Ethnicity: ___ Hispanic ___ Non-Hispanic

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Part III Disabilities

My household ___ does/ ___ does not include at least one disabled person.

The disabled household member has a ___ physical/___ mental disability.

This disability requires that housing for my household has the following special accommodations: _____

The household member with a disability is _____, is not _____ the head or co-head.

Part IV. Financial Information

LIST ALL INCOME OF ALL PERSONS WHOM YOU WANT TO INCLUDE IN HOUSEHOLD

Household Member	Source of Income	Amount Received
_____	_____	_____ per _____
_____	_____	_____ per _____
_____	_____	_____ per _____
_____	_____	_____ per _____
_____	_____	_____ per _____

Total Monthly Income: _____

Currently Monthly Rent: _____

I understand according to Maryland Law, a person may not knowingly make a false statement of a material fact for the purpose of influencing a housing agency regarding: (1) an application for housing assistance; or (2) an action affecting housing assistance already provided. A person who violates this section is guilty of a misdemeanor and on conviction is subject to a fine not exceeding \$5,000 or imprisonment not exceeding 3 years or both.

Certification

I/we certify that the above information is correct and complete to the best of my/our knowledge, and that inquiries may be made to verify any statement made on this application. I/we understand that any intentional or willful misrepresentation of facts included on this application form will result in the removal of my/our application and/or denial of assistance.

Applicant

Co-Applicant